

EXAMPLE OF OHIO DEPARTMENT OF HIGHER EDUCATION INITIAL INQUIRY FORM

Date of submission:

Name of institution:

Primary institutional contact for this request:

Name:

Title:

Phone number:

E-mail:

REQUEST TO OFFER A NEW PROGRAM

1. Degree designation and name of program:

2. Six-digit CIP code (format: XX.XXXX):

3. Proposed start date:

4. Type of request (check all that apply):

*For institutions that are already approved/authorized by the Chancellor*

- New degree designation
- New program within an existing degree (e.g., major, technical major, minor, concentration, etc.)

*For institutions that are not currently authorized by the Chancellor (independent, out-of-state, or for-profit only)*

- New degree
- New program (e.g., major, technical major, minor, concentration, etc.)
- New certificate program
- New course(s) (check if the institution only intends to offer a single course or collection of courses that do not comprise a cohesive program of study)

5. Delivery options (check all that apply):

- Campus-based
- Online/hybrid delivery
- Flexible or accelerated delivery
- Offering the program at a new offsite location
- Offering the program at an existing offsite location
- Program contains off-campus experiences (e.g., internship, clinical, practicum, student teaching, etc.)
- Competency-based delivery

6. Will the institution seek specialized accreditation for the program:

- No
- Yes

If "yes," provide the name of the accrediting agency. If the institution is out-of-state and/or for-profit and already possesses specialized accreditation for the program, please list it here:

**REQUEST TO MAKE CHANGES TO APPROVED/AUTHORIZED PROGRAMS (CHANGE REQUESTS)**

**1. Degree designation and name of program:**

**2. Type of request:**

- Name change
- Curriculum modification
- Program inactivation or reactivation
- Program dormancy (educator preparation programs)
- Online/hybrid delivery
- Flexible or accelerated delivery
- Opening a new offsite location
- Offering new programs at an existing offsite location
- Competency-based delivery

**OTHER REVIEWS**

**1. Type of request**

- Institutional reauthorization (for institutions that are issued certificates of authorization)
- Request for out-of-state for-profit institutions to solicit Ohio residents
- Request for out-of-state institutions to offer online programs that contain on-ground components (e.g., internship, clinical placements, practicum, student teaching, field experience, etc.)